

2012 Military Health System CONFERENCE



Innovations in Diabetes Management

Improving Hgb A1C control and LDL control

The MHS: Healthcare to Health

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Introduction



PURPOSE

- Improve management of more complex diabetic patients (non-compliant, uncontrolled, complex co-morbid conditions, receiving network care through endocrinology)
- Identify impact of 1:1 interaction using motivational interviewing with the Health (Disease) Management Nurse (CDE)

GOALS

- Clean up data in MHSPHP (Carepoint) – utilize exclusion capability to identify targets for intervention
- Improve Hgb A1C screening
- Improve Hgb A1C control
- Improve LDL screening
- Improve LDL control



Performance & Action

- Direct contact with 195 diabetic patients
- CDE set up all appointments
 - Labs ordered prior (or obtained those completed off base)
 - All prevention referrals placed prior
- Enrollment was an ongoing issue; CDE worked closely with TRICARE
- Multidisciplinary collaborative review of patients that exceed MTF capability to identify and refer to Internal Medicine those we should disengage
- Groups were divided into:
 - Diabetes education class only (14 patients)
 - Class and face to face visit with CDE (45 patients)
 - Face to face visit with CDE only (46 patients)

Lessons learned:

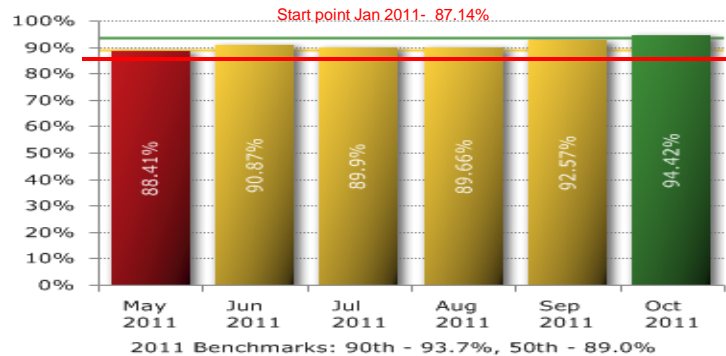
- Ensure readiness for formal education in newly diagnosed diabetics
- Teenagers do not benefit from traditional diabetes class
- Need for administrative support to set up appointments
- English as second language patients were more comfortable with CDE only intervention.
- Formal diabetes class only was initially an option
 - 8 patients did not maintain Hgb A1C control
 - Subsequent addition of face to face visit with CDE

Sustained Performance

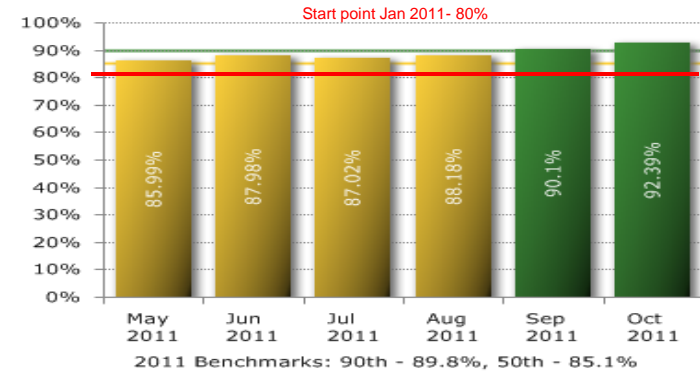
6 month mark, increase in control of Hgb A1C & LDL



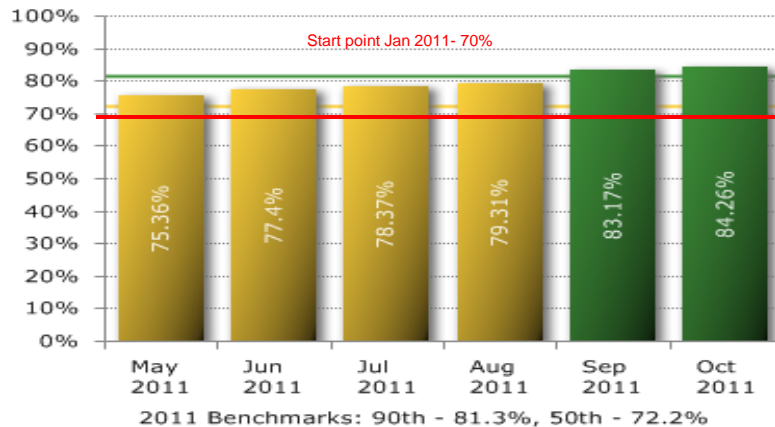
23rd MED GRP-MOODY - Diabetes HgA1C Screening - HEDIS - (1/5/2012)



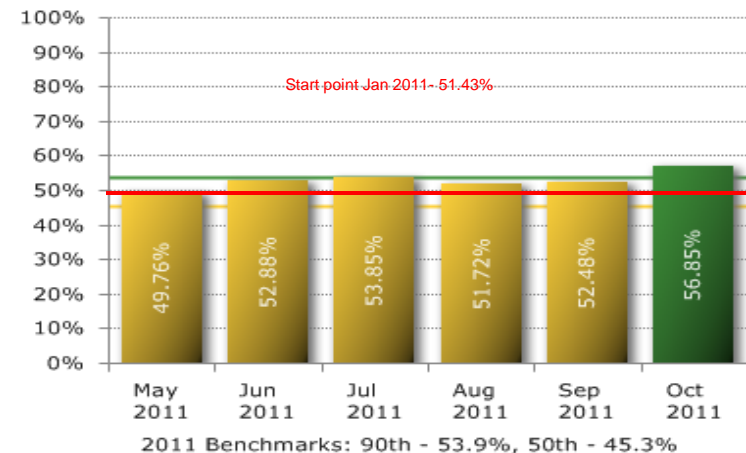
23rd MED GRP-MOODY - Diabetes LDL Screening - HEDIS - (1/5/2012)



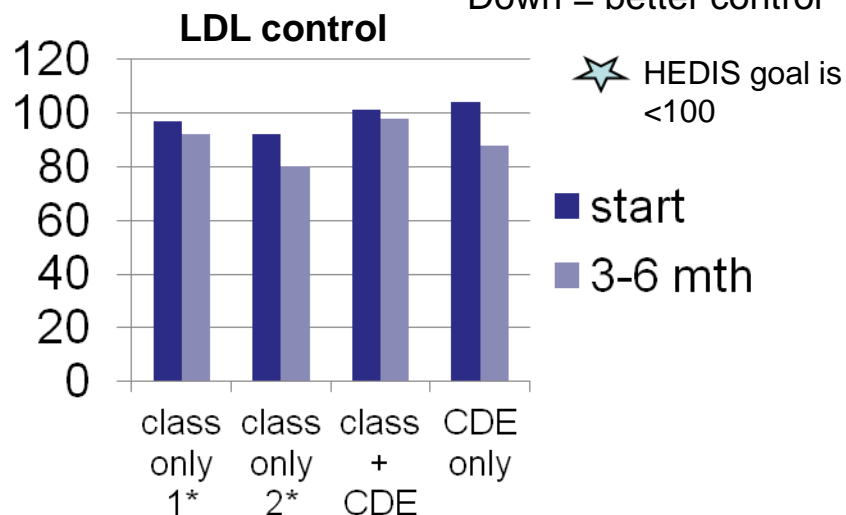
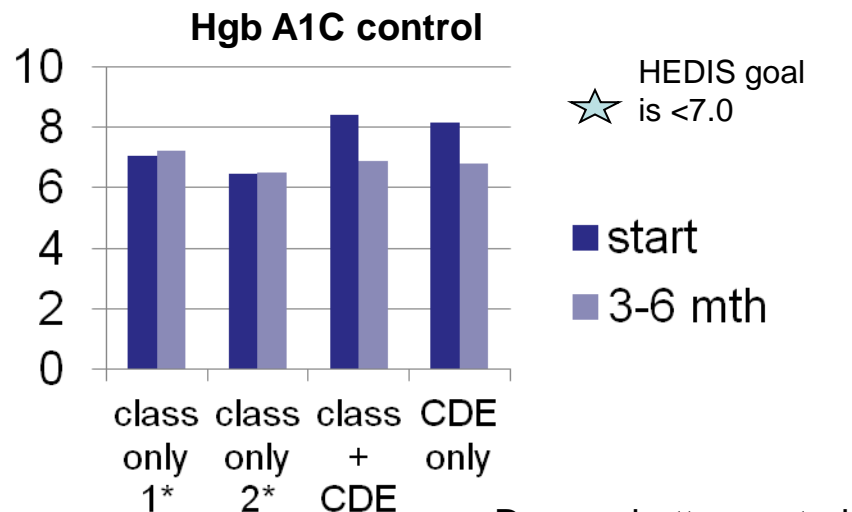
23rd MED GRP-MOODY - Diabetes HgA1C <=9 Control - HEDIS - (1/5/2012)



23rd MED GRP-MOODY - Diabetes LDL Control - HEDIS - (1/5/2012)



Outcomes & Conclusions



- Face to face meeting with patients results in increased accountability
- Face to face provides for individual goal setting through motivational interviewing
- Education is a solid adjunct to face to face meetings with the patient and family

*"Class only 1" started with 14 patients. (6 patients moved to class + CDE due to lack of Hgb A1C control)

*"Class only 2" are those patients who remained with the class only intervention and maintained Hgb A1C control (8 patients)